

Lower Extremity Physiologic Study, Single Level

(Ankle Brachial Index Assessment Form)

Patient Name _____

ID Number _____

Date _____

Risk Factors

- | | |
|--|--|
| <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hyperlipidemia |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Stroke/TIA |
| <input type="checkbox"/> Current Age _____ | <input type="checkbox"/> Previous Vasc Surgery |
| <input type="checkbox"/> Other _____ | |

Current Symptoms

- | |
|---|
| <input type="checkbox"/> Intermittent Claudication |
| <input type="checkbox"/> Numbness, tingling in feet |
| <input type="checkbox"/> Ulcerations |
| <input type="checkbox"/> Other _____ |

ABI / Severity of Disease

- | | |
|-----------|------------|
| 0.90-1.30 | - Normal |
| 0.70-0.89 | - Mild |
| 0.40-0.69 | - Moderate |
| 0.00-0.39 | - Severe |

ABI Results

Right Arm

_____ mmHg



Left Arm

_____ mmHg

Left ABI

Left Ankle Pressure = _____ mmHg = _____
Higher Arm Pressure _____ mmHg

Right Ankle

_____ mmHg

Left Ankle

_____ mmHg

Right ABI

Right Ankle Pressure = _____ mmHg = _____
Higher Arm Pressure _____ mmHg

PEEL AND STRIP WAVEFORM

- LEFT
- RIGHT
- PT
- DP
- BRACHIAL

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